



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

GENEVA MEDICAL MANAGEMENT  
AVEEWAN YUN, DO

**Respondent Name**

FARMINGTON CASUALTY CO

**MFDR Tracking Number**

M4-17-0395-01

**Carrier's Austin Representative**

Box Number 05

**MFDR Date Received**

OCTOBER 14, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "CPT code 99456 with the component modifier -26. Reimbursement for the examining doctor is 80% of the MAR. The physical therapist and/or health care provider other than the examining doctor that performs the...testing...is 20% of the MAR...Total Reimbursement is \$1465.00. "

**Requestor's Supplemental Position Summary dated November 16, 2016:** "We have an outstanding balance of \$130.00."

**Amount in Dispute:** \$130.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "With the supplemental reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

**Response Submitted by:** Atty. William E. Weldon, Travelers

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 21, 2016	CPT Code 99456-W5-26 (X3) Designated Doctor Evaluation	\$130.00	\$85.00
	CPT Code 99456-W5-TC (X3) Designated Doctor Evaluation		
	CPT Code 99456-W8-RE Return to Work Evaluation		
	CPT Code 99080-73 Work Status Report	\$0.00	\$0.00
TOTAL		\$130.00	\$85.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced / denied by the respondent with the following reason codes:
  - P12-Workers' compensation jurisdictional fee schedule adjustment.
  - 16-Claim/service lacks information which is needed for adjudication. Additional information is supplied suing remittance advice remarks codes whenever appropriate.
  - 89-Professional fees removed from charges.
  - 298-The recommended allowance is based on the value for the professional component of the service performed.
  - 4150-An allowance has been paid for a designated doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance may be payable if a determination of the impairment caused by the compensable injury was also performed.
  - NDOC-The documentation that was received does not provide enough detailed information to determine the appropriateness of the billed service/procedure.
  - 289-The recommended allowance is based on the value for the technical component of the service performed.
  - 4151-An allowance was not paid for the work status report. Reimbursement to RME doctor and designated doctors for the report is included in the reimbursement for the examination.
  - 1001-Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
  - W3-Additional payment made on appeal/reconsideration.
  - B12-Services not documented in patients medical records.
  - 863-Reimbursement is based on the applicable reimbursement fee schedule.
  - 275-The charge was disallowed; as the submitted report does not substantiate the service being billed.
  - 947-Upheld no additional allowance has been recommended.

### **Issues**

Is the requestor entitled to additional reimbursement for services rendered on April 21, 2016?

### **Findings**

1. On the disputed date of service the requestor billed CPT codes 99456-W5-26, 99456-W5-TC, 99456-W8-RE, and 99080-73.
  - 28 Texas Administrative Code §134.204(i)(1)(A) states "The following shall apply to Designated Doctor Examinations. (1) Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor"

A review of the submitted medical billing finds that the requestor billed modifier "W5" as the first modifier appended to CPT code 99456.

- 28 Texas Administrative Code §134.204(j)(3) states "The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350."

The requestor billed CPT code 99456 for the designated doctor MMI evaluation; therefore, the requestor is due \$350.00.

2. The requestor also billed and is seeking additional reimbursement for an impairment rating.

- Per 28 Texas Administrative Code §134.204(j)(4)(C)(iv) states “If, in accordance with §130.1 of this title (relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment), the examining doctor performs the MMI examination and assigns the IR, but does not perform the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the examining doctor shall bill using the appropriate MMI CPT code with CPT modifier “26.” Reimbursement shall be 80 percent of the total MAR.

The requestor appended modifier 26 to code 99456 because the professional component of the examination was performed by Aveewan Yun, DO.

- Per 28 Texas Administrative Code §134.204(j)(4)(C)(iv) states “If a HCP, other than the examining doctor, performs the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the HCP shall bill using the appropriate MMI CPT code with modifier “TC.” In accordance with §130.1 of this title, the HCP must be certified. Reimbursement shall be 20 percent of the total MAR.”

The requestor appended modifier TC to code 99456 because a certified technician performed the testing.

The Division finds that the Designated Doctor billed the correct codes and modifiers for the evaluation and testing in accordance with 28 Texas Administrative Code §134.204(j).

To determine the maximum allowable reimbursement (MAR) for CPT code 99456-W5-26 and 99456-W5-TC the Division refers to the following:

- 28 Texas Administrative Code §134.204(j)(1) states “Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows:
  - (1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR.
- 28 Texas Administrative Code §134.204(j)(4)(C) states “For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.”
- 28 Texas Administrative Code §134.204(j)(4)(C)(ii) states “The MAR for musculoskeletal body areas shall be as follows.
  - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
  - (II) If full physical evaluation, with range of motion, is performed:
    - (-a-) \$300 for the first musculoskeletal body area; and
    - (-b-) \$150 for each additional musculoskeletal body area.”

The requestor billed for MMI/IR of three body areas with codes 99456-W5-26 (X3) and 99456-W5-TC (X3). A review of the Designated Doctor report finds the requestor evaluated the left upper and lower extremities and spine:

Code	ROM method	DRE method	Total Due
99456-W5-26	2 body areas Left upper and lower extremities	1 body area Spine	\$600.00 X 80% = \$480.00
99456-W5-TC	2 body areas Left upper and lower extremities	Report does not support testing on spine	\$450.00 X 20% = \$90.00
TOTAL Due for IR			\$570.00

The Division finds that the total allowable for the MMI/IR evaluation is \$920.00.

3. On the disputed date of service, the requestor also billed CPT code 99456-W8-RE.

- 28 Texas Administrative Code §134.204(i)(1)(E) indicates that modifier “W8” is billed for examination that determine the “Ability of the employee to return to work shall be billed and reimbursed in accordance with subsection (k) of this section.”

The MAR for CPT code 99456-W8-RE is:

- 28 Texas Administrative Code §134.204(k) states “The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.”

The Division finds that the total allowable for CPT code 99456-W8-RE is \$500.00.

The total allowance for the examinations is \$1420.00. The respondent paid \$1,335.00. As a result, the requestor is entitled to reimbursement of \$85.00.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$85.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$85.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
12/22/2016  
Date

## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**